

Experience with nonemergent hysterectomy for placenta accreta

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Purpose

To report our updated experience with the morbidity of nonemergent hysterectomy for placenta accreta. As a secondary objective we sought to compare two cohorts over time to see if there was a significant difference in morbidity.

Materials and Methods

Adding to data we published in 2010, this was a retrospective study of all patients who underwent nonemergent hysterectomy for placenta accreta at Tampa General Hospital from June 1, 2003 to May 31, 2016. The original cohort was compared to the 6/09-5/16 group.

Results

Sixty-one patients were identified. Diagnosis was suspected on ultrasound scanning in 54 women (15 women also underwent magnetic resonance imaging) and on direct vision at repeat cesarean section delivery in 7 women. All but one of the women were multiparous, and 37 women had undergone ≥ 2 cesarean section deliveries. Fifty-six women had a placenta previa, and 11 women had a low anterior placenta. Final pathologic findings revealed accreta (43 specimens), increta (8 women), and percreta (12 women). Median estimated blood loss was 3 litres. Three women had ureteral transection (1 was bilateral); 5 women had cystotomy, and 5 women had partial cystectomy. Postoperative hemorrhage occurred in 6 women; 1 hemorrhage resolved after catheter embolization, and the other 5 required reoperation. Comparing the two cohorts, there were no statistically significant differences between any of the patient characteristics, findings or morbidity.

Conclusion

Nonemergent hysterectomy for placenta accreta remains associated with significant morbidity in the forms of hemorrhage and urinary tract insult.